

**RHODE ISLAND ADULT DRUG COURT
SUPERIOR COURT
250 BENEFIT STREET
PROVIDENCE, RI 02903
WAIVER OF CONSTITUTIONAL RIGHTS**

IN THE MATTER OF:

ALLEGED OFFENSE(S):

Last, First MI

CASE NO. _____

(1) _____
(2) _____
(3) _____
(4) _____

I understand that I have the following constitutional rights with regard to the charge(s) filed against me by _____.

- ◆ I have the RIGHT to be represented by an attorney (lawyer) at all times while this matter is pending before the Superior Court. If I cannot afford an attorney but need the services of one, the Superior Court will refer me to the Public Defender or appoint an attorney to represent me.
 - ◆ I have the RIGHT to remain silent and not discuss the above-listed offense(s) with any representative of the Drug Court. Remaining silent will not be used against me in future court proceedings.
 - ◆ I have the RIGHT to a full and fair Hearing (Trial) or violation hearing before a Judge or Magistrate of the Superior Court upon denying the offense(s) and have the right to appeal to the Supreme Court from any decisions of the Court adverse to me.
 - ◆ I understand that the charge(s) filed against me could result in my detention or incarceration to an institution by a Judge or Magistrate of the Superior Court.
 - ◆ No one representing the Drug Court of the Superior Court has offered me any promises or guarantees, and I have not in any manner been threatened or mistreated.
 - ◆ I have read and understand the Drug Court Contract.
 - ◆ I have read and understand my Rights and wish to waive (set aside) them at this time and proceed with the Drug Court Program. I understand that information obtained from me cannot be used against me at a Formal Hearing on this or other charge(s) and that I may stop answering questions and withdraw from the Drug Court process at any time.
- THIS WAIVER OF CONSTITUTIONAL RIGHTS HAS BEEN READ BY ME. I UNDERSTAND THESE RIGHTS AND CONSENT TO WAIVING THESE RIGHTS AT THIS TIME.**

SIGNATURE OF PARTICIPANT

DATE

WITNESS

DATE

